

ATTACHMENT 2

CPT procedure codes that no longer require an “E” indicator

Wisconsin Medicaid no longer requires an “E” indicator on the claim form for these *Current Procedural Terminology* codes if the procedure was provided in an emergency. Wisconsin Medicaid considers a situation to be an emergency when immediate service must be provided to relieve the recipient from pain, an acute infection, trismus, swelling, fever, or trauma.

Code	Description of Service		Code	Description of Service		Code	Description of Service
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less		12053	5.1 cm to 7.5 cm		13133	Each additional 5 cm or less
12013	2.6 cm to 5.0 cm		12054	7.6 cm to 12.5 cm		13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less
12014	5.1 cm to 7.5 cm		12055	12.6 cm to 20.0 cm		13151	1.1 cm to 2.5 cm
12015	7.6 cm to 12.5 cm		12056	20.1 cm to 30.0 cm		13152	2.6 cm to 7.5 cm
12016	12.6 cm to 20.0 cm		12057	Over 30.0 cm		13153	Each additional 5 cm or less
12017	20.1 cm to 30.0 cm		13102	Repair, complex, trunk; each additional 5 cm or less		14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
12018	Over 30.0 cm		13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less		14041	Defect 10.1 sq cm to 30.0 sq cm
12051	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less		13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm		14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
12052	2.6 cm to 5.0 cm		13132	2.6 cm to 7.5 cm		14061	Defect 10.1 sq cm to 30.0 sq cm

Code	Description of Service		Code	Description of Service		Code	Description of Service
14300	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area		15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less		15820	Blepharoplasty, lower eyelid
15000	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); first 100 sq cm or one percent of body area of infants and children		15241	Each additional 20 sq cm		15822	Blepharoplasty, upper eyelid
15120	Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)		15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less		15824	Rhytidectomy; forehead
15121	Each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof		15261	Each additional 20 sq cm		15825	Neck with platysmal tightening (platysmal flap, P-flap)

Code	Description of Service		Code	Description of Service		Code	Description of Service
15826	Glabellar frown lines		21215	Mandible (includes obtaining graft)		37615	Ligation, major artery (eg, post-traumatic, rupture); neck
15828	Cheek, chin, and neck		21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)		40650	Repair lip, full thickness; vermilion only
20900	Bone graft, any donor area; minor or small (eg, dowel or button)		21235	Ear cartilage, autogenous, to nose or ear (includes obtaining graft)		40652	Up to half vertical height
20902	Major or large		21497	Interdental wiring, for condition other than fracture		40654	Over one-half vertical height, or complex
20926	Tissue grafts, other (eg, paratenon, fat, dermis)		31600	Tracheostomy, planned (separate procedure)		40818	Excision of mucosa of vestibule of mouth as donor graft
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal		31603	Tracheostomy, emergency procedure; transtracheal		40830	Closure of laceration, vestibule of mouth; 2.5 cm or less
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)		31605	Cricothyroid membrane		40831	Over 2.5 cm or complex

Code	Description of Service		Code	Description of Service		Code	Description of Service
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue		42180	Repair, laceration of palate; up to 2 cm		42962	With secondary surgical intervention
41251	Posterior one-third of tongue		42182	Over 2 cm or complex		42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cauterization
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex		42900	Suture pharynx for wound or injury		42971	Complicated, requiring hospitalization
41500	Fixation of tongue, mechanical, other than suture (eg, K-wire)		42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple		42972	With secondary surgical intervention
41821	Operculectomy, excision pericoronal tissues		42961	Complicated, requiring hospitalization			